

# PART B - FEE(S) TRANSMITTAL

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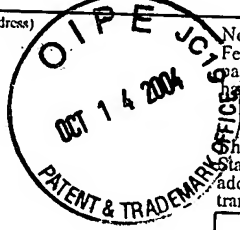
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7590

07/18/2004

George O. Saile  
28 Davis Avenue  
Poughkeepsie, NY 12603



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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<u>Stephen B. Ackerman</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>October 12, 2004</u>	(Date)

10/15/2004 HDEHES2 00000045 190033 10697520

01 FC:2501 685.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 24.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10697,520	10/30/2003	Seiki Ogura	HALO61-014D	8154

TITLE OF INVENTION: TWIN NAND DEVICE STRUCTURE, ARRAY OPERATIONS AND FABRICATION METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$865	\$300	\$965	10/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANYA, IGWE U	2825	438-262000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. George O. Saile  
2. Stephen B. Ackerman  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HALO LSI, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Hillsboro, OR

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

[Signature] 10/12/04

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